



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Risk 628 Fragility of Therapy Provision across Acute, Community and Primary Care Services
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed, Clinical Director of Therapies

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Quality, Safety And Experience Assurance Committee (QSEAC) with an update on the status and management of Risk 628 relating to the fragility of therapy provision across acute, community and primary care teams, and to provide assurance that these risks affecting the quality and safety of patients are being assessed, reviewed and managed appropriately and effectively.

There is a recognised risk that there is insufficient therapy workforce to meet current and future demands and to deliver safe and appropriate care across the whole Health Board area, with significant gaps reported historically in the therapy service provision. For assurance, individual therapy service risks are discussed at a number of forums within the Health Board, including monthly meeting with Executive Director of Therapy and Health Sciences, Therapy & Health Sciences Forum.

Cefndir / Background

Therapy professionals work both independently and as part of multi- disciplinary and multi- agency teams to provide evidence based clinical care and support to people of all ages across HDdUHB. They deliver services in a diverse range of settings, frequently spanning organisational boundaries, providing seamless care via in / out reach services to support rapid assessment, treatment and continuity of care across the health and social care continuum, and working in partnership with educational, voluntary and other third sector organisations. There is a recognised risk that there is insufficient therapy workforce to meet current and future demands and to deliver safe and appropriate care across the whole Health Board area, with significant gaps reported historically in the therapy service provision across acute, community and primary care. This leads to a risk that patients in need of therapy services do not receive them or do not receive the required level of intensity of treatment. In addition across all therapy services, current demand does not align to current capacity and whilst this is being managed as far as possible by the controls in place, this is not sustainable.

Whilst this may result in a potential adverse impact on patient safety or harm, it also impacts on

- longer patient recovery times and increased length of stay;

- difficulties in managing demand and patient flows;
- significant operational risk to the UHB resulting in continued fragility of day to day service provision;
- non-compliance with clinical guidance;
- challenge to the delivery of the NHS Operating Framework and a reduction in performance against referral to treatment (RTT) 14 week waiting times;
- the ability to support or implement service or whole system reconfiguration and improvements;
- ability to support opportunistic service development opportunities;
- inability to secure funding for all developments identified in the 2020/23 Strategic Plan.

There has also been the longer term impact of recruitment and retention issues due to a national shortage of qualified staff nationally, and the rurality of HDdUHB historically limits applications to a number of positions. This has also resulted in increased use of clinical agency staff, which further leads to inconsistent patient care, the potential lowering of quality standards, poor patient experience and ability to achieve cost improvement programme (CIP) targets. Due to financial constraints use of Locum staff is only utilised where there are sufficient core vacancies to cover the Locum costs, with routinely 2 core vacancies required to fund 1 Locum and resultant capacity loss. The workforce fragility has also been further affected by a number of issues including historical under-resourcing, exacerbated by re-sizing exercises and recurrent savings targets.

More recently the additional challenge of the COVID-19 response has highlighted and impacted workforce models due to staff shielding, redeployment and physical distancing, balanced against the risks associated with the requirement to continue with essential service provision as per the Welsh Government Operating Framework, and progress with service restarts, at the same time as potentially supporting redeployment of therapy workforce as part of surge capacity in response to the pandemic. Restart of service delivery following COVID-19 will also create additional demand across the traditional areas in addition to the rehabilitation needs associated with COVID-19.

There is growing public awareness of the requirement to deliver early intensive therapy and lack of service capacity continues to generate formal complaints.

Asesiad / Assessment

The Therapy Directorate outlined its three year plan for 2020– 23 with the intent to develop a flexible, modernised and prudent workforce plan, delivery of which will further mitigate against workforce risks. This is a significant, long term piece of work, which will need to run alongside strategic development through the Health and Care Strategy, with the key actions agreed detailed below:

Address the immediate workforce shortages by measures to improve access, provision and performance within key therapy areas

- Funding already secured for workforce developments in Pulmonary Rehabilitation, Dementia, Lymphoedema, Malnutrition, and modest increase in front door/acute therapy provision.
- Welsh Government (WG) funding secured for Therapy Assistant Practitioner Healthcare Support Worker (HCSW) role to support workforce model changes within community based service

- Over-recruitment of Band 5 / Newly Qualified Staff over 3 year period to manage foreseeable and predictable staffing capacity gaps. This involved “front loading” and growing clinical workforce based upon overall workforce requirement and financial envelope, informed by internal movement to planned developments within HDdUHB services, turnover and attrition rates. The intent is to gradually reduce reliance on current levels of agency going forward in a phased approach, improving stability in the system. Also mapping of known Band 5 and Band 6 internal staff movements identifies areas of reduced capacity during movement, and over recruitment closes the loss of capacity during recruitment processes and alleviate operational delivery challenges.

Further actions underway to address workforce risks:

- Develop robust workforce plans that align to Stroke, Major Trauma, Neurology and COVID-19 Rehabilitation service needs to maximise workforce opportunities. A recent Delivery Unit report highlighted the current issues within HDdUHB Therapy Stroke staffing levels and identified a number of key areas for improvement;
- Therapy on-call rota’s for example: Respiratory, Trauma and Orthopaedic (T&O) are voluntary and fragile and require a sustainable model to deliver consistent service provision. Fragmentation of therapy services will also impact on this, with therapists having to contribute to more than one on-call rota. Use of 7 day working and development of sustainable on-call rota;
- Review of service structures with opportunity for greater efficacy by development of multi professional therapy teams focussed on specific pathways.

Deliver a sustainable workforce by:

- Working with Health Education and Improvement Wales (HEIW) and Higher Education Institutions (HEIs) to commission and expand training places;
- increased skill mix utilisation of HCSW, and training of support staff to safely deliver delegated tasks. Variety of HCSW training modules for level 3 and 4 developed and being implemented;
- Ongoing review of workforce models across Therapy Services to identify where development of multi professional support workers (Therapy Assistant Practitioner roles - Band 4) in the Therapy Workforce, working across discrete pathways. For example Rehabilitation, with current pilot in place in Community Neuro Rehabilitation Service. Potential for the development of multi Therapy Assistant Practitioner (TAP) Band 4 roles as a core element of the workforce would support the stratified pathway approach to unscheduled care (USC) admissions to provide continuity of intervention and reduce deconditioning in acute hospitals, through to supporting early discharge and continued support within the community setting.
- Pursue opportunities to attract local people into therapy careers in the Health Board, with 'grow your own' schemes, apprenticeship programmes, development of career pathways from HCSW to graduate, and development of local graduate training programme. HEIW review to commission local training provision for Physiotherapy and Occupational Therapy Undergraduate Training locally, with a Physiotherapy apprenticeship currently being established.

Further actions underway to address workforce risks:

- Engaging in NHS Benchmarking exercise for Community and Acute Services to enable a comparative view across all aspects of service provision including workforce;

- Include review of each vacant post in order to increase interest, including skill mix review, early advertisements for new graduates.

Support new ways of working across the health and social care workforce, by:

- Utilising the skills of existing staff, such as a far greater role for Physiotherapists and Occupational Therapists in primary and community care as part of whole system approach, subject to sustainable funding solutions;
- the implementation and growth of Digital Platforms and development of e-records to support agile working and remote access, delivering benefits in improved access where appropriate, including the Attend Anywhere roll out across Therapy Services.

Ongoing actions that are being explored in relation to workforce challenges and which will support further risk reduction:

- Across all therapy services, current demand does not align to current capacity and whilst this is being managed as far as possible by the controls in place, it is not sustainable. Engagement with Delivery Unit to provide Demand & Capacity Training for Therapy Services and to build sustainable expertise within the services to continue with demand & capacity (D&C) planning longer term;
- Develop and use of single agreed D&C tool across all Therapy Services will allow the ability to identify the gap and implement solutions to balance demand, capacity and appropriate workforce in the short term and on a sustainable basis;
- Continued training of the Malcomess Care Aims Framework for multi- disciplinary teams (MDT) Therapy Service, building upon Making Every Contact Count Training, (MECC);
- 7 day working to improve access to service provision, supporting transfer to community, primary and social care support services, both in the hospital and in primary, community and mental health settings are available seven days a week, maximising patient functional gains and recover capacity lost due to social distancing;
- Exploring all options for additional capacity internally, from bank, additional hours, and more recently during the COVID-19 pandemic, sessional use of private providers;
- Rolling advert for therapy staff to maximise on potential opportunistic recruitment opportunities.

There is also emerging evidence that the COVID-19 pandemic is impacting upon workforce recruitment, with the issue of rurality now becoming a positive recruitment benefit, with an increase in opportunistic enquiries about available posts within the Health Board.

Argymhelliad / Recommendation

The Committee is asked to consider whether they are assured that risks relating to fragility of therapy staffing levels are being discussed, managed and reviewed through meetings with Executive Director of Therapy & Health Sciences and Heads of Therapy Service meetings in order to provide the necessary assurances to QSEAC that the operational risks are being managed effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

5.5 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of

	internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 628 Fragility of therapy provision across acute, community and primary care services
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 5.1 Timely Access 7.1 Workforce

Effaith/Impact:

Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational: Gyfrinachedd / Privacy: Cydraddoldeb / Equality:	<p>There will be cost implications as identified above, but will be subject to costed business cases and due financial process</p> <p>In order to achieve improvement in target compliance, an increase in the workforce will be required, and is subject to the risks as outlined in the paper.</p> <p>Workforce related risk; Datix Number 628,598,654, 790,610,599, 608,658,661,655,614,662,601,615, Risk of poor outcomes or failure to meet agreed clinical standards. Mitigating actions have also been outlined in the actions</p> <p>Failure in service provision or provision that is not optimum due to staffing could have an adverse reaction from the public</p>
--	---